

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90134 034 \*\*\*150.00

**DOCUMENT # P01000031647**

**1. Entity Name**  
**PICK 1 TRANSPORTATION, INC.**

**Principal Place of Business**

**Mailing Address**

~~110 WEST ORANGE ST.~~  
~~ALTAMONTE SPRINGS FL 32714~~

~~110 WEST ORANGE ST.~~  
~~ALTAMONTE SPRINGS FL 32714~~

**2. Principal Place of Business**

**3. Mailing Address**

**7512 DR PHILLIPS BLVD.**

**7512 DR. PHILLIPS BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#50 PMB 332**

**#50 PMB 332**

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

Zip  
**32819**

Country

Zip  
**32819**

Country

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SPIEGEL & LITTELL, P.A.**  
**615 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1318 NEVADA AVE.**

City  
**ORLANDO**

FL

Zip Code  
**32809**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD**  
**PICKENS, JEFFREY**  
~~110 WEST ORANGE ST.~~  
~~ALTAMONTE SPRINGS FL 32714~~ ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**1318 NEVADA AVE**  
**ORLANDO, FL 32809** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Jeffrey Pickens*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)